

Appendix 1: APPLICATION FOR MEMBERSHIP OF THE PAKENHAM AND DISTRICT BASKETBALL ASSOCIATION (PDBA) INC.

Nominee

I _____
(name)

Of _____
(address)

Desire to become a member of the PDBA.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature _____ Date _____

Nominator

I _____
(name)

A member of the PDBA nominate the applicant who is personally known to me.

Signature _____ Date _____

Secunder

I _____
(name)

Am a member of the PDBA and second the applicant, who is personally known to me, for membership to the association.

Signature _____ Date _____

Parent/Guardian Nomination

Name of Parent _____

Name of child _____ Team _____

Signature of Parent _____ Date _____